

RECEIVED

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FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) ▼

11814 ROSELAND

Check if different  
than previously  
reported. (ACC)

TYLER

TX

75701-4234

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00437525

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
PRE-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

X General (30G)

☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

10 / 01 / 2010

through

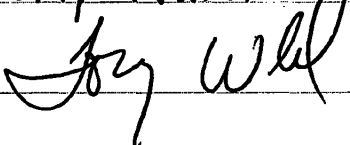
11 / 22 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Tony Wahl

Signature of Treasurer



Date

12 / 02 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X

Rev. 12/2004

10030513140



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Texas Spine and Joint Hospital PAC

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2010

36,614.94

- (b) Cash on Hand at  
Beginning of Reporting Period.....

64,649.94

- (c) Total Receipts (from Line 19).....

6,398.00

51,533.00

- (d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

71,047.94

88,147.94

7. Total Disbursements (from Line 31).....

7,500.00

24,600.00

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

63,547.94

63,547.94

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Texas Spine and Joint Hospital PAC

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6,398.00

51,533.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

6,398.00

51,533.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

6,398.00

51,533.00



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	7,500.00	24,600.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7,500.00	24,600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	7,500.00	24,600.00



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

6,398.00	
6,398.00	

51,533.00	
51,533.00	

10030513144



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 10

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Blau, Johnathan

Mailing Address

9132 Cherokee Trail

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24000

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Calodney, Aaron

Mailing Address

17909 CR 132

City

Flint

State

TX

Zip Code

75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3090.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

386.00

Full Name (Last, First, Middle Initial)

c. Crutchfield, Stuart

Mailing Address

2406 Canberra Court

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3,128.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

391.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

807.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **2** OF **10**

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Texas Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

A. **Danielson, Guy**

Mailing Address

**16950 FM 2661**

City

**Flint**

State

**TX**

Zip Code

**75762**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Self employed**

Occupation

**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**830.00**

Date of Receipt

**11/22/2010**

Amount of Each Receipt this Period

**830.00**

Full Name (Last, First, Middle Initial)

B. **Dennis, Robert**

Mailing Address

**1008 Wilderwood**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Self-employed**

Occupation

**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2,508.00**

Date of Receipt

**11/22/2010**

Amount of Each Receipt this Period

**358.00**

Full Name (Last, First, Middle Initial)

C. **Detwiler, Paul**

Mailing Address

**3635 Canyon Creek Circle**

City

**Tyler**

State

**TX**

Zip Code

**75707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Self-employed**

Occupation

**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2,354.00**

Date of Receipt

**11/22/2010**

Amount of Each Receipt this Period

**294.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**735.00**

10030513146



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **3** OF **10**

(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Texas Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

A. **Goodfried, Gary**

Mailing Address

**19140 Falls Creek**

City

**Flint**

State

**TX**

Zip Code

**75762**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Self employed**

Occupation

**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2636.00**

Date of Receipt

**11/22/2010**

Amount of Each Receipt this Period

**377.00**

Full Name (Last, First, Middle Initial)

B. **Gordon, Charles**

Mailing Address

**7302 Hollytree Dr.**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Self-employed**

Occupation

**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3200.00**

Date of Receipt

**11/22/2010**

Amount of Each Receipt this Period

**400.00**

Full Name (Last, First, Middle Initial)

C. **Graham, Thomas**

Mailing Address

**533 Wilder way**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Self-employed**

Occupation

**physician**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3090.00**

Date of Receipt

**11/22/2010**

Amount of Each Receipt this Period

**386.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**1163.00**

10030513147



**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **4** OF **10**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Texas Spine and Joint Hospital PAC**

A. Full Name (Last, First, Middle Initial)  
**Hackbarth, Mark**

Mailing Address  
**3630 Canyon Creek Circle**

City **Tyler** State **TX** Zip Code **75707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self employed** Occupation **physician**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,310.00**

Date of Receipt

**11 / 22 / 2010**

Amount of Each Receipt this Period

**171.00**

B. Full Name (Last, First, Middle Initial)  
**Harris, James**

Mailing Address  
**9243 Chisholm Trail**

City **Tyler** State **TX** Zip Code **75703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self-employed** Occupation **physician**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt

**11 / 22 / 2010**

Amount of Each Receipt this Period

**100.00**

C. Full Name (Last, First, Middle Initial)  
**Ledlie, Jon**

Mailing Address  
**1616 Quail Creek**

City **Tyler** State **TX** Zip Code **75703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **physician**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,470.00**

Date of Receipt

**11 / 22 / 2010**

Amount of Each Receipt this Period

**167.00**

SUBTOTAL of Receipts This Page (optional).....▶

**438.00**

TOTAL This Period (last page this line number only).....▶

10030513148



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **5** OF **10**  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Texas Spine and Joint Hospital PAC**

A. Full Name (Last, First, Middle Initial)  
**Michaels, James**

Date of Receipt

**11 ' 22 ' 2010**

Mailing Address

**2013 Hollycreek Dr.**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing  
federal political committee.

**C**

Amount of Each Receipt this Period

**388.00**

Name of Employer

**self employed**

Occupation

**physician**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**3,104.00**

B. Full Name (Last, First, Middle Initial)  
**Raabe, Todd**

Date of Receipt

**11 ' 22 ' 2010**

Mailing Address

**16987 Fm 156**

City

**Whitehouse**

State

**TX**

Zip Code

**75791**

FEC ID number of contributing  
federal political committee.

**C**

Amount of Each Receipt this Period

**498.00**

Name of Employer

**self-employed**

Occupation

**physician**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**3,484.00**

C. Full Name (Last, First, Middle Initial)  
**Kenfro, mark**

Date of Receipt

**11 ' 22 ' 2010**

Mailing Address

**2737 Old Bullard Rd**

City

**Tyler**

State

**TX**

Zip Code

**75701**

FEC ID number of contributing  
federal political committee.

**C**

Amount of Each Receipt this Period

**310.00**

Name of Employer

**Self-employed**

Occupation

**physician**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

**2,478.00**

SUBTOTAL of Receipts This Page (optional).....▶

**1,194.00**

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **6** OF **10**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Texas Spine and Joint Hospital PAC**

A. Full Name (Last, First, Middle Initial)  
**Russell, Michael**

Mailing Address  
**5930 Brixworth**

City **Tyler** State **TX** Zip Code **75703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self employed** Occupation **physician**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) **Aggregate Year-to-Date ▼**  
**2,982.00**

Date of Receipt

**11 / 22 / 2010**

Amount of Each Receipt this Period

**373.00**

B. Full Name (Last, First, Middle Initial)  
**Russell Family Limited Partnership**

Mailing Address  
**5930 Brixworth**

City **Tyler** State **TX** Zip Code **75703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **physician**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) **Aggregate Year-to-Date ▼**  
**100.00**

Date of Receipt

**11 / 22 / 2010**

Amount of Each Receipt this Period

**13.00**

C. Full Name (Last, First, Middle Initial)  
**Schreiber, William**

Mailing Address  
**4401 Hollytree Circle**

City **Tyler** State **TX** Zip Code **75701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **physician**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) **Aggregate Year-to-Date ▼**  
**664.00**

Date of Receipt

**11 / 22 / 2010**

Amount of Each Receipt this Period

**83.00**

SUBTOTAL of Receipts This Page (optional).....▶

**469.00**

TOTAL This Period (last page this line number only).....▶

10030513150



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **7** OF **10**  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Texas Spine and Joint Hospital PAC**

A. Full Name (Last, First, Middle Initial)  
**Schwarzbach, Jerry**  
Mailing Address  
**8304 Columbia Dr.**  
City **Tyler** State **TX** Zip Code **75703**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **self employed** Occupation **physician**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼** Aggregate Year-to-Date **\$800.00**

Date of Receipt  
**11 / 22 / 2010**  
Amount of Each Receipt this Period  
**100.00**

B. Full Name (Last, First, Middle Initial)  
**Tibilletti, Claire**  
Mailing Address  
**16690 Driftwood Dr.**  
City **Tyler** State **TX** Zip Code **75701**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **self-employed** Occupation **physician**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼** Aggregate Year-to-Date **1,470.00**

Date of Receipt  
**11 / 22 / 2010**  
Amount of Each Receipt this Period  
**167.00**

C. Full Name (Last, First, Middle Initial)  
**Priddy, John**  
Mailing Address  
**17950 Timothy Ct.**  
City **Tyler** State **TX** Zip Code **75703**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Self-employed** Occupation **physician**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼** Aggregate Year-to-Date **1,472.00**

Date of Receipt  
**11 / 22 / 2010**  
Amount of Each Receipt this Period  
**184.00**

SUBTOTAL of Receipts This Page (optional).....  
TOTAL This Period (last page this line number only).....

**451.00**

10030513151



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE <u>8</u> OF <u>10</u>	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Camp, John

Mailing Address

1001 Cumberland Rd

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2,230.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

279.00

Full Name (Last, First, Middle Initial)

B. Foreman, Kim

Mailing Address

107 Belmed Lane

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1,011.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

C. Beck, Timothy

Mailing Address

9132 Cherokee Trail

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

505.00

TOTAL This Period (last page this line number only).....▶

10030513152



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE <u>9</u> OF <u>10</u>	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial) A. <u>Jones, Matt</u>		Date of Receipt <u>11</u> / <u>22</u> / <u>2010</u>
Mailing Address <u>3414 Golden Rd</u>		Amount of Each Receipt this Period <u>830.00</u>
City <u>Tyler</u>	State <u>TX</u> Zip Code <u>75701</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Self employed</u>	Occupation <u>physician</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>830.00</u>

Full Name (Last, First, Middle Initial) B. <u>Heaton, Stuart</u>		Date of Receipt <u>11</u> / <u>22</u> / <u>2010</u>
Mailing Address <u>3413 Golden Rd</u>		Amount of Each Receipt this Period <u>830.00</u>
City <u>Tyler</u>	State <u>TX</u> Zip Code <u>75701</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Self-employed</u>	Occupation <u>physician</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>830.00</u>

Full Name (Last, First, Middle Initial) C. <u>Callender, Troy</u>		Date of Receipt <u>11</u> / <u>22</u> / <u>2010</u>
Mailing Address <u>3413 Golden Rd</u>		Amount of Each Receipt this Period <u>134.00</u>
City <u>Tyler</u>	State <u>TX</u> Zip Code <u>75701</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Self-employed</u>	Occupation <u>physician</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>1070.00</u>

SUBTOTAL of Receipts This Page (optional).....	<u>300.00</u>
TOTAL This Period (last page this line number only).....	

10030513153



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Gary Howard

Mailing Address

3414 Golden Rd

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

121.00

Full Name (Last, First, Middle Initial)

B. Hunter, Jeff

Mailing Address

3415 Golden Road

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Griffith, Duane

Mailing Address

7113 Turnberry Circle

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

113.00

SUBTOTAL of Receipts This Page (optional).....▶

334.00

TOTAL This Period (last page this line number only).....▶

6398.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

10/11/2010

City

State

Zip Code

Donation

Purpose of Disbursement

Covers for Congress

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

10/13/2010

City

State

Zip Code

Donation

Purpose of Disbursement

Texans for Todd Staples

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

11/18/2010

City

State

Zip Code

Donation

Purpose of Disbursement

PHA

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00  
7500.00

10030513155



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>12/2/11</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JmW*

PREPARER

(3/2005)

*12/7/10*

DATE PREPARED

10030513156